

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

 Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

BAKER-001

First Named Inventor

GARY BAKER

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VEHICLE SUPPORT PLATFORM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Feb. 13, 2004 3:45PM

DUDELZAK & COMPANY

No. 1518 P. 2/5

Feb. 4, 2004 5:26PM

DUDELZAK & COMPANY

No. UY/I F. 0

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002 ONB G-51-01
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION — Utility or Design Patent Application

Direct all correspondence to Customer Number
or Bar Code Label 34111 OR Correspondence address below

Name _____

Address _____

City _____ State _____ ZIP _____

Country _____ Telephone _____ Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

GARY

Given Name
(first and middle (if any))

BAKER

Family Name
or SurnameInventor's
Signature

BLACKFALDS

ALBERTA

CANADA

Date 02-10-04

Residence: City

State

Country

CANADA

Citizenship

BOX 1838

Mailing Address

BLACKFALDS

ALBERTA

TOM OJO

CANADA

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

GREG

Given Name
(first and middle (if any))

FARRELL

Family Name
or SurnameInventor's
Signature

INNISFAIL

ALBERTA

ALBERTA

Date Feb. 11/04

Residence: City

State

Country

CANADA

Citizenship

3727 50TH AVENUE

Mailing Address

INNISFAIL

ALBERTA

T4G 1J1

CANADA

City

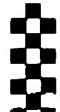
State

ZIP

Country

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)



Feb. 13, 2004 3:45PM DUDELZAK & COMPANY

No. 1518 P. 3/5

Feb. 13, 2004 5:25PM DUDELZAK & COMPANY

No. 0971 3 3

385

Please type a plus sign (+) inside this box →

PTO/SB/1 (02-01)

Approved for use through 12/31/2002. GMB 0951-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	GARY BAKER
Title	VEHICLE SUPPORT PLATFORM
Group Art Unit	
Examiner Name	
Attorney Docket Number	BAKER-001

I hereby appoint

Practitioners at Customer Number

34111

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the

Applicant/Inventor

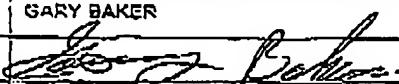
Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name GARY BAKER

Signature



Date

02-10-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Feb. 13, 2004 3:45PM DUDELZAK & COMPANY

No. 1518 P. 4/5

Feb. 4, 2004 5:24PM DUDELZAK & COMPANY

No. 0971 2/2

4/5

Please type a plus sign (+) inside this box →

PTO/USPTO-8 (07-01)

Approved for use under 17 CFR 2.102 GING 0651.070
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no records are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	GARY BAKER
Title	VEHICLE SUPPORT PLATFORM
Group Art Unit	
Examiner Name	
Attorney Docket Number	BAKER-001

I hereby appoint:

 Practitioners at Customer Number

34111

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number:

OR

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name GREG FARRELLSignature Gregory Phillip FarrellDate Feb. 11/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

 Total of .. forms are submitted.

Docketing Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs in the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

000

BEST AVAILABLE COPY

PTI LODGE

2080 790 280 09:00 FAX 780 790 280

04/10/04